(b) whether it is a fact that corruption prevalent in the Medical Council of India and Indian Council of Dental Health has deteriorated the situation;

(c) if not, the reasons for most of the above institutions being confined to some States only; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Recognized/approved medical and dental colleges in private sector are being run in accordance with the provisions of Indian Medical Council Act, 1956 and Dentists Act 1948 and Regulations made thereunder. Medical Council of India (MCI)/Dental Council of India (DCI) are regulating the standards of private medical/dental colleges by way of periodic inspections.

Any person including State Government fulfilling the eligibility and qualifying criteria prescribed in the establishment of medical/dental college Regulations can apply to the Central Government for grant of permission for establishment of a new medical/dental college under Section I0A respectively. The applicants who fulfil the norms prescribed by MCI/DCI are granted permission by Central Government for establishment of new medical/dental college. Relatively, more number of trusts apply for the private medical/dental colleges in the States of Andhra Pradesh, Maharashtra, Karnataka, Tamil Nadu and Kerala.

World Bank aided health projects

657. SHRIMATI SHOBHANA BHARTIA:
SHRIMATI SUPRIYA SULE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have signed loan agreements worth $792 million (about Rs. 3,564 crores) with the World Bank for three health sector projects;

(b) if so, whether the World Bank would extend $ 360 million to the Reproductive and Child Health Project and 170 million to the second National Tuberculosis Control Programme;

(c) if so, what are the other main details of the project that would be undertaken by the World Bank loan; and

(d) by when these schemes are likely to be implemented?

'THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The Government of India have signed three credit agreements with the World Bank on 16.10.2006 for providing financial assistance of US-$ 671.83 million for the following health sector projects.

(i) The Reproductive and Child Health Project (RCH-II) for US $ 360 million.

(ii) Second National Tuberculosis Control Project (TB-II) for US $ 170 million and

(iii) Karnataka Health System Development and Reform Project for US $ 141.83 million.

The Reproductive and Child Health Project Phase-II aims to reduce Total Fertility Rate (TFR), Infant Mortality Rate (1MR) and Maternal Mortality Ratio (MMR) in the country. The TB-II project will implement the existing DOTS strategy and will additionally focus on the scaling up of the State-level intermediate referral laboratories (IRL), implementation of DOTS- Plus scheme for multi drug resistant TB and scaling up of the involvement of NGOs and Private and Corporate sector. The objective of the Karnataka Health System Development and Reform Project is to increase utilization of essential curative and public health services particularly in underserved areas and among vulnerable groups.

These Projects are under implementation. The RCH-II project is scheduled to close in the year 2010 while the TB-II and Karnataka Health System Projects will close in the year 2011.

Universal health care

658. SHRIMATI PREMA CARIAPPA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for the failure to provide universal health care to all people of the country;

(b) the steps being proposed to provide the same treatment facilities in the Government Hospitals as are being provided by the private sectors; and

(c) by when the same would be achieved?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Provision of Universal Health Care is well emphasized in various policies and programmes of the Government. Universal provision of comprehensive primary health care services was also enshrined in the National Health Policy 2002 which aims to provide acceptable standards of good health to the general population by upgrading the existing infrastructure, establishing new infrastructure in deficient areas and improving access to the public health system. Emphasis has been given to increasing the aggregate public health investment through a substantially increased contribution by the Central Government. To this end, the National Rural Health Mission (NRHM) was launched in 2005 "to provide accessible, affordable and quality health care to the rural population". Under NRHM support is extended to States/UTs to strengthen the infrastructure, manpower, drugs, equipments at Sub Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs). Annual Untied Grants and Maintenance Grants are provided to Sub Centres, PHCs and CHCs. Annual grant is provided to Rogi Kalyan Samities/Hospital Management Societies of PHCs, CHCs and DHs under NRHM to encourage community ownership. Various activities have been assigned specific timelines to be achieved during the Mission period.